FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK	★ JUL 1 4 2021 ★
	LONG ISLAND OFFICE
<u> </u>	
Keynald Reves Plaintiff,	CIVIL RIGHTS COMPLAINT 42 U.S.C. § 1983
[Insert full name of plaintiff/prisoner]	CV 21 403
-against-	YES NO
Nassau County	SEYBERT, J.
Police Department (Hempstead)	WICKS, M.J.
	•
Police Officer Hogan Defendant(s).	
[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I	1]
I. Parties: (In item A below, place your name in t	· · · · · · · · · · · · · · · · · · ·

address and telephone number. Do the same for additional plaintiffs, if any.)	•
A. Name of plaintiff Reynaldo Reves	
If you are incarcerated, provide the name of the facility and address:	•
Nassay County correctional facility.	٠,
100 carman · Ave.	
East Meadow, N.Y. 11554	
Prisoner ID Number: 2019005422	

•	
Telephone Number:	
B. List all defendants esses at which each deferndants named in the caption	 You must provide the full names of each defendant and the ndant may be served. The defendants listed here must mate on on page 1.
Defendant No. 1	.P.O. Hogan
• •	Full Name
	Hempsteal Police Officer
·	Job Title
· .	
	99 nichols Ct. Hempstead, N.Y. 11550
	Address
Defendant No. 0	
Defendant No. 2	Full Name
	. an ramo
	Job Title
	•
•	
•	Address
Defendant No. 3	
Deletidatik NO. 3	Full Name
•	

	Address
Defendant No. 4	Full Name
	Job Title
	·Address
D . 6. 1	
Defendant No. 5	Full Name
	Job Title
	Address
II. Statement of Claim:	
well as the location where the events how each person named was involve need <u>not</u> give any legal arguments of	s of your case. Include the date(s) of the event(s) alleged as soccurred. Include the names of each defendant and state ed in the event you are claiming violated your rights. You or cite to cases or statutes. If you intend to allege a number rth each claim in a separate paragraph. You may use r as necessary.)
Where did the events giving rise to y	your claim(s) occur? Backyard of 46 Stead: N.Y.11550
· :	
When did the events happen? (included) 2019 at 5:30 pm	de approximate time and date) <u>September 22</u> nd

Facts: (what	t happened?)		· .		•
	<u> </u>				· ,
•	I WO	us tase	d on my	right	
	backside	- ribcage	During the Co	urso of mo	-
	tunoing fo	on the or	ficers In	xs inhired x	
·			- the toper		
· .	of physic	al contact	nor did	I DOSE av	11 tree
	Of physica	al threat.	And I do	d voit have	2011
			wy weapon		
<u>.</u>			any three		
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		4		٠ ,	
II.A. Injur about, descr treatment re	ribe your injuries a	re claiming injurie and state what me	s as a result of the dical treatment you	events you are co ı required. Was n	omplaining nedical
I W	us ekct	nocutes	and pas	sed out.	.And
I had	7 too be	ongs rem		spital St	aff, I
- Dutter	ed Sovere	1 traumo	\ <u> </u>	·	·
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III. Relief: S	ate what relief you are seeking if you prevail on your complaint.
· .	
complaint to priso	nder penalty of perjury that on 9/22/19, I delivered this (date) n authorities at Hempshow Wice Deartment to be mailed to the Unite (name of prison) urt for the Eastern District of New York.
l declare	nder penalty of perjury that the foregoing is true and correct.
Dated: 7/4/2	Permalle: Rujes Signature of Plaintiff
	Name of Prison Facility or Address if not incarcerated
	100 carman Ave,
· · .	ECST Mealow, N.Y. 11554
	Address
· :	2019005422 Prisoner ID#

FAS MEADOW, NEW YORK 11554-1146







Attention: Pro Se Office United States District court Eastern District of New York LONGISLAND OFFICE 100 Federal Plaza, central Islip, NY 11722

RECEIVED U.S. DISTRICT COURT E.D.N.Y.

JUL 1 4 2021